POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7~		9·19·00
O.I.P.E. CLASSIFIER			9-
FORMALITY REVIEW	7~	cm3	11·16·00
RESPONSE FORMALITY REVIEW			1/30/0

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date
Final	Original	
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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